

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Supportive Living

DSL-998 (Rev. 08/2001)

**HSRS
SUPPORTED EMPLOYMENT MODULE**

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of
the State/County contract specified under the
Wisconsin Statutes. S. 46.031(2)(c)(2)**REGISTRATION - Screen S1 N, U, E or I (Module Key:)**

1 Worker ID				2 Client ID			
3a Last Name			3b First Name			3c MI	3d Suffix
4 Birthdate (mm/dd/yyyy)	5 Sex F / M	6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White			7 Client Characteristics	

CHANGE DATE for fields 10-12 ____/____/____

8 Start Date	9 End Date	10 Funding Agency	11 Target Group	12 Provider Number	13 Outside Setting	14 Pre SE Sheltered Hourly Wage
--------------	------------	-------------------	-----------------	--------------------	--------------------	------------------------------------

JOB INFORMATION - Screen S2 N, U, E, D or I (Module Key:)

Job No.	15 Job Start Date	16 Job Type	17 Job Worksite	18 Employer Type	19 Job End Date	20 Job End Reason	21 Employer's Name

1 MONTH LONG SEMIANNUAL REPORTING FOR THE MONTHS OF FEBRUARY AND AUGUST- Screen S3 N, U, E, or I (Module Key:)

22 Report Period mm yyyy	23 Direct Support Hours (month)	24 Indirect Support Hours (month)	Job No.	25 Hourly Wage	26 Hours Worked (per week)	27 Transportation Type	28 Transportation Hours (per day)	29 Employer's Name

OPTIONAL DATA - Screen 18 (Module Key:)

Street Address			City	State	Zip Code	County	Telephone Number
Case Review Date	Diagnosis	Family ID	Local Data				Shaded areas are optional.